

# Sho-Me Power Electric Cooperative

## Application For Employment

It is the policy of Sho-Me Power Electric Cooperative (SMP) to provide equal opportunity with regard to all terms and conditions of employment. No information provided here will be used in an unlawful manner. Please *complete in your own handwriting and use ink*. Answer each question. Failure to answer all questions completely may result in your application being rejected. Read and sign page 3.

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

### General Information

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Number Street City County State Zip Code

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you 18 or older?  Yes  No  
Do you have reliable transportation?  Yes  No  
Are you legally eligible to work in the United States?  Yes  No

If employed, you will be required to provide employment eligibility Verification mandated by the federal government. Sho-Me Power Cooperative is a participating employer in E-Verify.

List any previous dates of employment at SMP or enter "None". \_\_\_\_\_

List any relatives who are currently employed at SMP or enter "None".  
SMP has a nepotism policy which may prohibit the employment of relatives under certain circumstances. If you have a relative currently employed at SMP, state the name(s), relationship(s) and location(s) of the person(s) to whom you are related in the space to the right.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any criminal convictions (as described below) or enter "None"  
Please include convictions for which you pleaded guilty or nolo contendere (no contest), paid a fine, received a suspended sentence, and/or were incarcerated. Do not include minor traffic violations and convictions that have been annulled, expunged, sealed, or pardoned by a court.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you relocate if required?  Yes  No  
Will you work overtime if required?  Yes  No

### Employment History

Provide the employment information requested below, including experience in the U.S. Military Service. Begin with your present or most recent employment. If you are active in the job, leave the End Date blank.

Employer Name and Address: _____ _____ _____ Starting Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Name of Supervisor(s): _____ Supervisor(s) Title: _____ Phone Number: (____) _____	Job Title: _____ Describe the work you did: _____ _____ _____ _____ From: ____ / ____ To: ____ / ____ Month   Year       Month    Year Reason for Leaving: _____ _____ _____
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May we contact the employers listed above?  Yes  No  
If no, indicate which employer(s) we should not contact: \_\_\_\_\_

### Education and Training

Indicate all schools that you have attended. Completion of a formal education is a job-related requirement for some positions at SMP.

	High School	Vocational/Technical	College/University	Graduate School
School Name				
Expected Completion Date <small>*only enter if in progress</small>				
Diploma/Degree				
Major Course(s) of Study				
Grade Point Average (GPA)				

### Applicant Authorization

#### Read Carefully Before Signing

I certify that the facts contained in this application and supporting documents for employment at SMP are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my disqualification as an applicant or immediate dismissal from any ensuing employment. I authorize investigation of all statements herein.

I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to SMP. SMP shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous. Additionally, I understand that nothing contained in this employment application and supporting documents or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between SMP and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon SMP. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and SMP retains a similar right regarding discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed \_\_\_\_\_

(Failure to sign may invalidate your application.)

Employment Background Authorization

The applicant named below is being considered for employment as \_\_\_\_\_ with Sho-Me Power Electric Cooperative.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us in the enclosed self-addressed stamped envelope.

[Under Missouri law (MO Rev. Stat. Sec. 290.152), employers are immune from civil liability for truthful responses to a written request by former employees or prospective new employers]

Thank you.

Name of Applicant \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Name of Former Employer: \_\_\_\_\_

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**APPLICANT'S AUTHORIZATION**

I hereby authorize the above individual, company, or institution, including former employers and educational institutions to furnish Sho-Me Power Electric Cooperative with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Sho-Me Power Electric Cooperative from any and all liability, damages or claims whatsoever that might otherwise be incurred in furnishing such information. A photocopy of this release shall have the same effect as an original.

\_\_\_\_\_  
Signature of Applicant

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**RECORD OF EMPLOYMENT**

Date(s) of Employment: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_

Please rate the Applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire Applicant?    \_\_\_Yes    \_\_\_No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date